

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

The Committee to Elect Mark Alliegro

ADDRESS (number and street)

41 Metoxit Road

Check if different
than previously
reported. (ACC)

East Falmouth

MA

02536

2. FEC IDENTIFICATION NUMBER ▼

C

C00550715

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Kelly M Jason

Signature of Treasurer

Ms Kelly M Jason

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

The Committee to Elect Mark Alliegro

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	81811.30
(b) Total Contribution Refunds (from Line 20(d))	3000.00	2755.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-3000.00	79056.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5529.24	132720.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5529.24	132720.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-547.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	64338.12	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

The Committee to Elect Mark Alliegro

Report Covering the Period: From: / / To: / /

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date of general election)	COLUMN C Total for <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date after general election) through <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="0.00"/>	<input type="text" value="48845.59"/>
(ii) Unitemized	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals	<input type="text" value="0.00"/>	<input type="text" value="30060.71"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="78906.30"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="1600.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="805.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	500.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	81811.30	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
8525.00	55148.28	1890.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
8525.00	55148.28	1890.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
8525.00	136959.58	1890.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

The Committee to Elect Mark Alliegro

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2014

To:

M M / D D / Y Y Y Y
12 / 31 / 2014**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
5529.24	132720.07	3102.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	420.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
3000.00	2755.00	400.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

3000.00

2755.00

400.00

21. OTHER DISBURSEMENTS

0.00

0.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

8529.24

135895.07

3502.00

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

-3000.00

79056.30

-400.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

5529.24

132720.07

3102.00

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

-543.25

8525.00

7981.75

8529.24

-547.49

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

Mailing Address 41 Metoxit Road

City

East Falmouth

State

MA

Zip Code

02536

FEC ID number of contributing
federal political committee.

C H4MA09052

Name of Employer

Marine Biological Laboratory

Occupation

Scientist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

59807.74

Date of Receipt

10 / **24** / **2014**

Transaction ID : SA13A.5791

Amount of Each Receipt this Period

6635.00

Loan from Candidate's Personal Funds

Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

Mailing Address 41 Metoxit Road

City

East Falmouth

State

MA

Zip Code

02536

FEC ID number of contributing
federal political committee.

C H4MA09052

Name of Employer

Marine Biological Laboratory

Occupation

Scientist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1890.00

Date of Receipt

11 / **08** / **2014**

Transaction ID : SA13A.5792

Amount of Each Receipt this Period

1890.00

Loan from candidate's personal funds

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / **D D** / **Y Y Y Y**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

8525.00

TOTAL This Period (last page this line number only).....

8525.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement
online services

001

Category/
Type

Candidate Name

The Committee to Elect Mark Alliegro

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

21.43

Transaction ID : SB17.5815

B. Bond Printing and Marketing

Mailing Address P.O. Box 43

City	State	Zip Code
Hanover	MA	02339

Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

The Committee to Elect Mark Alliegro

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

375.04

Transaction ID : SB17.5816

c. Bond Printing and Marketing

Mailing Address P.O. Box 43

City	State	Zip Code
Hanover	MA	02339

Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

The Committee to Elect Mark Alliegro

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

128.78

Transaction ID : SB17.5817

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

525.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

Full Name (Last, First, Middle Initial)

A. Entercom Boston WRKO-AMMailing Address 20 Guest Street
3rd FloorCity State Zip Code
Boston MA 02135Purpose of Disbursement
Radio Advertising

004

Category/
Type

Candidate Name

The Committee to Elect Mark AlliegroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2014

Amount of Each Disbursement this Period

3100.00

Transaction ID : SB17.5818

B. iHeart Media

Mailing Address 154 Barnstable Road

City State Zip Code
Hyannis MA 02601Purpose of Disbursement
Radio advertisin

004

Category/
Type

Candidate Name

The Committee to Elect Mark AlliegroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5819

c. Quantum of Cape Cod, LLC

Mailing Address 154 Barnstable Road

City State Zip Code
Hyannis MA 02601Purpose of Disbursement
radio advertising - debt

004

Category/
Type

Candidate Name

The Committee to Elect Mark AlliegroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

1640.00

Transaction ID : SB17.5814

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4990.00

5515.25

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4678

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

99.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

99.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 20 / 2013

Date Due

M M / D D / Y Y Y Y
n/a

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

99.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4679

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

15.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15.94

TERMS

Date Incurred

M 12 / D 13 / Y 2013

Date Due

M / D / Y n/a

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15.94

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4680

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. Mark C Alliegro

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

280.25

0.00

280.25

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 14 / 2013M M / D D / Y Y Y Y
n/aM M / D D / Y Y Y Y
n/aM M / D D / Y Y Y Y
n/a

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

280.25

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4681

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. Mark C Alliegro

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

22.09

0.00

22.09

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 14 / 2013M M / D D / Y Y Y Y
n/aM M / D D / Y Y Y Y
n/aM M / D D / Y Y Y Y
n/a

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

22.09

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4682

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

E. Falmouth

MA

02536

Original Amount of Loan

96.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

96.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 16 / 2013

Date Due

M M / D D / Y Y Y Y
n/a

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

96.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5021

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. Mark C Alliegro

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

39000.00

0.00

39000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

39000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5644

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

M M / D D / Y Y
08 / 27 / 2014

Date Due

M M / D D / Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5791

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

6635.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6635.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 24 / 2014

Date Due

M M / D D / Y Y Y Y
n/a

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6635.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5792

The Committee to Elect Mark Alliegro

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark C Alliegro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
41 Metoxit Road

City

State

ZIP Code

East Falmouth

MA

02536

Original Amount of Loan

1890.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1890.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 08 / 2014

Date Due

M M / D D / Y Y Y Y
n/a

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1890.00

TOTALS This Period (last page in this line only)..... ►

57038.28

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - Business Wire Press Release

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

715.00

Transaction ID : SD10.4685

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

715.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - PayPal online account set up fee

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

75.00

Transaction ID : SD10.4688

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance Digicert, Inc. - On-line security certificate

Mailing Address 41 Metoxit Road

City

State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

295.00

Transaction ID : SD10.4689

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

295.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1085.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 25

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance New Wave Printing stationery

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

100.41

Transaction ID : SD10.4690

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - Campaign Buttons

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

134.95

Transaction ID : SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

134.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - Rackspace email service

Mailing Address 41 Metoxit Road

City

State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

76.00

Transaction ID : SD10.4695

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

76.00

1) **SUBTOTALS** This Period This Page (optional) ▶

311.36

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - Travel expense meal at CPAC

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

4.27

Transaction ID : SD10.4697

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - travel expense MassPort travel to CPAC 2014

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

81.00

Transaction ID : SD10.4698

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

81.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance MassGOP Convention fees 2014

Mailing Address 41 Metoxit Road

City

State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4700

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1585.27

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - USPS East Falmouth Postage

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

245.00

Transaction ID : SD10.4701

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

245.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mr. Mark C Alliegro

Nature of Debt (Purpose):

Advance - Catering Campaign event at
MassGOP convention 2014

Mailing Address 41 Metoxit Road

City State

Zip Code

East Falmouth

MA

02536

Outstanding Balance Beginning This Period

4073.21

Transaction ID : SD10.4702

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4073.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Authorize.net

Nature of Debt (Purpose):

online services

Mailing Address P.O. Box 8999

City

State

Zip Code

San Francisco

CA

94128

Outstanding Balance Beginning This Period

21.43

Transaction ID : SD10.5788

Amount Incurred This Period

0.00

Payment This Period

21.43

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

4318.21

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bond Printing and Marketing

Nature of Debt (Purpose):

1000 remittance envelopes - Printing Services

Mailing Address P.O. Box 43

City State

Zip Code

Hanover

MA

02339

Outstanding Balance Beginning This Period

375.04

Transaction ID : SD10.5780

Amount Incurred This Period

0.00

Payment This Period

375.04

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bond Printing and Marketing

Nature of Debt (Purpose):

500 Letterhead - Printing Services

Mailing Address P.O. Box 43

City State

Zip Code

Hanover

MA

02339

Outstanding Balance Beginning This Period

128.78

Transaction ID : SD10.5779

Amount Incurred This Period

0.00

Payment This Period

128.78

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Entercom Boston WRKO-AM

Nature of Debt (Purpose):

Radio Advertising 9/03/14-9/09/14

Mailing Address 20 Guest Street
3rd Floor

City

State

Zip Code

Boston

MA

02135

Outstanding Balance Beginning This Period

3100.00

Transaction ID : SD10.5781

Amount Incurred This Period

0.00

Payment This Period

3100.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

iHeart Media

Nature of Debt (Purpose):

Radio Advertising - WXTK 9/9/14

Mailing Address 154 Barnstable Road

City State

Zip Code

Hyannis

MA

02601

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.5783

Amount Incurred This Period

0.00

Payment This Period

250.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Quantum of Cape Cod, LLC

Nature of Debt (Purpose):

Radio Advertising WXTK - 9/1/14-9/8/14

Mailing Address 154 Barnstable Road

City State

Zip Code

Hyannis

MA

02601

Outstanding Balance Beginning This Period

1640.00

Transaction ID : SD10.5785

Amount Incurred This Period

0.00

Payment This Period

1640.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

7299.84

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

57038.28

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

64338.12